

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/069542	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.		DEP.			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		
1	/						51	/					
2		/					52	/	/				
3	/	/					53	/	/				
4	/	/					54	/	/				
5		/					55	/	/				
6	/	/					56	/	/				
7	/	/					57	/	/				
8	/	/					58	/	/				
9		/					59	/	/				
10	/	/					60	/	/				
11	/	/					61	/	/				
12	/	/					62	/	/				
13	/	/					63	/	/				
14	/	/					64	/	/				
15	/	/					65	/	/				
16	/	/					66	/	/				
17	/	/					67	/	/				
18	/	/					68	/	/				
19	/	/					69	/	/				
20	/	/					70	/	/				
21	/	/					71	/	/				
22	/	/					72	/	/				
23	/	/					73	/	/				
24	/	/					74	/	/				
25	/	/					75	/	/				
26	/	/					76	/	/				
27	/	/					77	/	/				
28	/	/					78	/	/				
29	/	/					79	/	/				
30	/	/					80	/	/				
31	/	/					81	/	/				
32	/	/					82	/	/				
33	/	/					83	/	/				
34	/	/					84	/	/				
35	/	/					85	/	/				
36	/	/					86	/	/				
37	/	/					87	/	/				
38	/	/					88	/	/				
39	/	/					89	/	/				
40	/	/					90	/	/				
41	/	/					91	/	/				
42	/	/					92	/	/				
43	/	/					93	/	/				
44	/	/					94	/	/				
45	/	/					95	/	/				
46	/	/					96	/	/				
47	/	/					97	/	/				
48	/	/					98	/	/				
49	/	/					99	/	/				
50	/	/					100	/	/				
TOTAL IND.	15						TOTAL IND.						
TOTAL DEP.	40						TOTAL DEP.						
TOTAL CLAIMS	55						TOTAL CLAIMS						